

FILED

7/18/02

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOIS

JUN 18 2008

MICHAEL W. DOBBINS
U.S. DISTRICT COURT-IN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVITSPENCER Robinson
PlaintiffNedra Chandler
Wendy MEYER
Defendant(s)CASE NUMBER 08 CV 50107
JUDGE Reinhard

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT.

I, SPENCER Robinson, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other _____) in the above-entitled case. This affidavit constitutes my application ☒ to proceed without full prepayment of fees, or ☒ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)
I.D. # N-71571 Name of prison or jail: DIXON CORRECTIONAL CENTER
Do you receive any payment from the institution? ☒ Yes ☐ No Monthly amount: \$10.00
2. Are you currently employed? ☐ Yes ☒ No
Monthly salary or wages: _____
Name and address of employer: _____
 - a. If the answer is "No":
Date of last employment: _____
Monthly salary or wages: _____
Name and address of last employer: _____
 - b. Are you married? ☐ Yes ☒ No
Spouse's monthly salary or wages: _____
Name and address of employer: _____
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
 - a. Salary or wages ☐ Yes ☒ No
Amount _____ Received by _____

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No
Amount _____ Received by _____
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No
Amount _____ Received by _____
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No
Amount _____ Received by _____
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No
Amount _____ Received by _____
- f. ☐ Any other sources (state source: _____) ☐ Yes ☒ No
Amount _____ Received by _____
4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: _____
In whose name held: _____ Relationship to you: _____
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No
Property: _____ Current Value: _____
In whose name held: _____ Relationship to you: _____
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No
Address of property: _____
Type of property: _____ Current value: _____
In whose name held: _____ Relationship to you: _____
Amount of monthly mortgage or loan payments: _____
Name of person making payments: _____
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No
Property: _____
Current value: _____
In whose name held: _____ Relationship to you: _____
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 02/10/08

Spencer Robinson
Signature of Applicant

SPENCER ROBINSON
(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, Spencer Robinson, I.D.# N71571, has the sum of \$.25 on account to his/her credit at (name of institution) Dixon Correctional Center

I further certify that the applicant has the following securities to his/her credit: unknown. I further certify that during the past six months the applicant's average monthly deposit was \$ see attached.

(Add all deposits from all sources and then divide by number of months).

2/13/08
DATE

Nedra Chandler (gn)
SIGNATURE OF AUTHORIZED OFFICER

Nedra Chandler

(Print name)

Time: 8:57am

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Dixon Correctional Center

Trust Fund

Inmate Transaction Statement

REPORT CRITERIA - Date: 08/13/2007 thru End; Inmate: N71571; Active Status Only ? : No; Print Restrictions ? : Yes;
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print
 Balance Errors Only ? : No

Inmate: N71571 Robinson, Spencer

Housing Unit: DIX-HC-03-17

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
Beginning Balance:						0.00	
08/16/07	Payroll	20 Payroll Adjustment	228115		P/R month of 07/2007	10.00	10.03
08/22/07	Disbursements	90 Medical Co-Pay	234315	Chk #75604	90803657, DOC: 523 Fund Inmate, Inv. Date: 08/03/2007	-2.00	8.03
08/22/07	Disbursements	80 Postage	234315	Chk #75604	808002364, DOC: 523 Fund Inmat, Inv. Date: 07/24/2007	-.02	8.01
08/22/07	Point of Sale	60 Commissary	234724	543510	Commissary	-7.11	.90
09/14/07	Payroll	20 Payroll Adjustment	257115		P/R month of 08/2007	10.00	10.90
09/18/07	Disbursements	84 Library	261315	Chk #76073	84805826, DOC: 523 Fund Inmate, Inv. Date: 08/23/2007	-1.00	9.90
09/18/07	Disbursements	81 Legal Postage	261315	Chk #76073	81806340, DOC: 523 Fund Inmate, Inv. Date: 08/28/2007	-.02	9.88
09/21/07	Disbursements	99 Transfer Inmate	264315	Chk #76211	Logan Correctional Center, Inv. Date: 09/21/2007	-9.88	.00
10/17/07	Payroll	20 Payroll Adjustment	290115		P/R month of 09/2007	6.46	6.46
10/22/07	Point of Sale	60 Commissary	295724	549332	Commissary	-6.41	.05
10/23/07	Mail Room	04 Intake and Transfers In	296228	30462	Logan C.C.	2.21	2.26
11/13/07	Payroll	20 Payroll Adjustment	317115		P/R month of 10/2007	7.14	9.40
11/16/07	Disbursements	81 Legal Postage	320315	Chk #77013	81813325, DOC: 523 Fund Inmate, Inv. Date: 11/01/2007	-.17	9.23
11/16/07	Disbursements	81 Legal Postage	320315	Chk #77013	81813326, DOC: 523 Fund Inmate, Inv. Date: 11/01/2007	-.17	9.06
11/16/07	Disbursements	90 Medical Co-Pay	320315	Chk #77013	90813560, DOC: 523 Fund Inmate, Inv. Date: 11/03/2007	-2.00	7.06
11/19/07	Point of Sale	60 Commissary	323747	553296	Commissary	-6.56	.50
11/26/07	Mail Room	04 Intake and Transfers In	330215	30651	Logan C.C.	3.06	3.56
12/14/07	Payroll	20 Payroll Adjustment	348115		P/R month of 11/2007	10.00	13.56
12/19/07	Point of Sale	60 Commissary	353724	556993	Commissary	-12.33	1.23
01/16/08	Payroll	20 Payroll Adjustment	016115		P/R month of 12/2007	10.00	11.23
02/07/08	Point of Sale	60 Commissary	038727	562093	Commissary	-9.18	2.05

Total Inmate Funds: 2.05

Less Funds Held For Orders: .00

Less Funds Restricted: 1.80

Funds Available: .25

Total Furloughs: .00

Total Voluntary Restitutions: .00

RESTRICTIONS

Invoice Date	Invoice Number	Type	Description	Vendor	Amount
01/23/2008	84822939	Disb	o.a.e.v.s. copies-legal	2 DOC: 523 Fund Library	\$1.80
Total Restrictions:					\$1.80